

**APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)**  
**(ATTENDANCE IS MANDATORY FOR BOTH DAYS)**

**DATE & TIME:**

**May 20 & 21, 2015**

**8:30 AM - 4:30 PM**

*All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training start time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.*

**PLACE:**

**Rio Hondo College  
3600 Workman Mill Rd., LRC Bldg. – Rm. LR128  
Whittier, CA 90601-1616**

**PARKING:**

**Free Parking (Parking Permit with directions will be emailed along with registration confirmation).  
For Campus map: Enter the campus off of Workman Mill Rd. and College Drive. Go up College Drive and cross through traffic (first left) to get to the “Parking Booth.” It is marked “PB” on the map (across from the soccer field)**

ASIST is intended to help participants become ready, willing and able to provide suicide first aid to persons at risk of dying by suicide. During the two day workshop, participants will examine their attitudes about suicide, learn how to effectively recognize and review the risk of suicide, and develop new and/or reinforce existing intervention skills. ASIST also addresses the need to develop a network of providers who work to prevent suicide. Participants will benefit from the two-day ASIST training by gaining skills, knowledge and intervention techniques essential to working with individuals struggling with suicidal ideation.

**TARGET AUDIENCE:**

**For both clinicians and non-clinicians who may work or provide services to individuals with suicidal thoughts or behaviors.**

**OBJECTIVES:**

**As a result of attending this training, participants should be able to:**

1. Recognize that caregivers and persons at risk are affected by personal and societal attitudes about suicide
2. Discuss suicide with a person at risk in a direct manner
3. Identify risk alerts and develop safe plans related to them
4. Demonstrate the skills required to intervene with a person at risk of suicide
5. List the types of resources available to a person at risk of suicide, including themselves
6. Recognize that suicide prevention is broader than suicide first aid and includes life promotion and self-care for caregivers
7. Identify current suicide statistics and trends among youth in the U.S., California and Los Angeles
8. Recognize the signs and symptoms of suicidal behavior among children and youth, adults, and older adults
9. Examine myths related to mental illness and suicide
10. Identify protective factors to decrease suicide risks and to strengthen families
11. Apply basic suicide prevention skills and crisis intervention guidelines
12. Examine cultural competence in applying suicide prevention skills
13. Recognize how Suicide Intervention Model (SIM) as a tool for meeting the interventions needs of the person at risk

**CONDUCTED BY:**

**ASIST Certified Trainers**

**COORDINATED BY:**

**Chandler Norton, M.A. MFTI Training Coordinator - [cnorton@dmh.lacounty.gov](mailto:cnorton@dmh.lacounty.gov)**

**DEADLINE:**

**When capacity is reached**

**CONTINUING  
EDUCATION:**

**13.0 CEU hours for BBS, BRN, CAADAC  
13.0 CE hours for Psychologist**

**COST:**

**None**

**DMH Employees register at:**  
<http://learningnet.lacounty.gov>

**Contract Providers complete  
attached training application**

☒ Cultural Competency   ☐ Pre-licensure   ☐ Law and Ethics   ☐ Clinical Supervision   ☐ General



County of Los Angeles – Department of Mental Health

APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

APPLICATION FORM FOR CONTRACT PROVIDERS

*Please print or type*

**Instructions**

Each applicant must also provide the last four digits of their Social Security Number to be used as a secondary form of identification. If the correct information is not provided, the Workforce Education and Training Division will not be responsible for record keeping, and **no** certificate of attendance will be issued.

*This form is to be used for APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST).*

Training Title: **APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)** Date: **May 20 & 21, 2015**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Job Title: \_\_\_\_\_

Legal Entity (LE) Name: \_\_\_\_\_ LE Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

License or Credential Number(s): \_\_\_\_\_

LCSW

MFT

RN

Psychologist

MD

Print Supervisor's Name

Supervisor's Signature

*Supervisor's Approval Required (Applications will not be processed if not signed by supervisor)*

MAIL or FAX Application to:

County of Los Angeles-Department of Mental Health  
Older Adult Administration  
Chandler Norton, Training Coordinator  
550 S. Vermont Avenue, 6<sup>th</sup> Floor  
Los Angeles, CA 90020

Phone: (213) 738-2126

Fax: (213) 351-2015

*(When faxing, there is no need to use a cover sheet)*